LOUISIANA DEPARTMENT OF HEALTH & HOSPITALS

MEDICAID SERVICES CHART

March 2014

Note: E-mail corrections for this document to cheryl.allain@la.gov.

MEDICAID S	MEDICAID SERVICES							
SERVICE	HOW TO ACCESS SERVICES	ELIGIBILITY	COVERED SERVICES	COMMENTS	CONTACT PERSON			
Adult Denture Services	Dentist	Medicaid recipients 21 years of age and older. (Adults, 21 and over, certified as Qualified Medicare Beneficiary (QMB) only, Medically Needy Program, or other programs with limited benefits are not eligible for dental services.)	Dentures, denture relines, and denture repairs. Examination and X-rays are covered if in conjunction with the construction of a Medicaid-authorized denture.	All services other than repairs require Prior Authorization. The provider will submit requests for the Prior Authorization. Only one complete or partial denture per arch is allowed in an eight-year period. The partial denture must oppose a full denture. Two partials are not covered in the same oral cavity (mouth). Additional guidelines apply.	Cordelia Clay 225/342-7878			
Applied Behavioral Analysis (ABA)	Medicaid enrolled ABA provider	1. be from birth up to 21 years of age; 2. be determined by a qualified health care professional to meet the medical necessity and other requirements in DHH regulations; 3. be diagnosed by a qualified health care professional with a condition for which ABA-based therapy services are recognized as therapeutically appropriate, including autism spectrum disorder; 4. have a comprehensive diagnostic evaluation by a qualified health care professional; and 5. have a prescription for ABA-based therapy services ordered by a qualified health care professional.	ABA-based therapy services shall be rendered in accordance with the individual's treatment plan.	All medically necessary services must be prescribed by a physician and Prior Authorization is required. The provider of services will submit requests for Prior Authorization.	Anita Milling 1-844-423-4762			
Appointment Scheduling Assistance – See EPSDT Screening Services		quannet neam care professional.						

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Audiological Services -See EarlySteps; EPSDT Screening Services; Hospital- Outpatient services; Physician/ Professional Services; Rehabilitation Clinic Services; Therapy Services							
Behavioral Health Services – Adults		Medicaid eligible adult 1915(i) SPA Adults eligible for the 1915(i) State Plan Amendment (SPA)Adults eligible to receive 1915(i) State Plan services include those who meet one of the following criteria and is 21 years and older: Persons with acute stabilization needs; with a MMD; meet the federal definition of SMI, or who has previously met the above criteria and needs subsequent medically necessary services for stabilization and maintenance	Any Medicaid eligible adult may receive the following behavioral health service if medical necessity is established by a licensed mental health professional: 1. Addiction Services (outpatient and residential) 2. Psychiatrist Inpatient Hospital For 1915(i) State Plan Amendment (SPA) eligible recipients the following additional services are available: 1. Case Conference 2. Treatment Plan Development 3. Psychosocial Rehabilitation 4. Crisis Intervention 5. Community Psychiatric Support & Treatment 6. Assertive Community Treatment 7. Outpatient Therapy	Adult Behavioral Health services are part of The Louisiana Behavioral Health Partnership (LBHP) managed by DHH-OBH (Office of Behavioral Health)	Magellan Health Services of Louisiana 1-800-424-4399 Visit online at www.MagellanofL ouisiana.com		

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Chemotherapy Services-See Hospital-Outpatient Services; Physician/ Professional Services	Hospital Physician's office or clinic	All Medicaid Recipients.	Chemotherapy administration and treatment drugs, as prescribed by physician.				
Chiropractic Services	EPSDT Medical Screening Provider/PCP	Medicaid recipients 0 through 20 years of age.	Spinal manipulations.	Medically necessary manual manipulations of the spine when the service is provided as a result of a referral from a EPSDT medical screening provider or Primary Care Provider (PCP).	Angela Hebert 225/342-7878		
Coordinated System of Care (CSoC)- Home and Community Based Services Waiver		Any child/youth experiencing a serious emotional disturbance who is at risk of out-of home placement. A recipient must be under the age of 22 and meet the level of care or level of need through a Child and Adolescent Needs and Strengths (CANS) comprehensive assessment	 WRAP Around Planning Parent Support & Training Youth Support & Training Independent Living/Skills Short Term Respite Care Crisis Stabilization Case Conference Treatment Planning 	CSoC services are part of The Louisiana Behavioral Health Partnership (LBHP) managed by DHH-OBH (Office of Behavioral Health)	Magellan Health Services of Louisiana 1-800-424-4399 Visit online at www.MagellanofL ouisiana.com		
Dental Care Services - See Adult Denture Services; EPSDT Dental Services; and Expanded Dental Services for Pregnant Women							

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Durable Medical Equipment (DME)	Physician	All Medicaid recipients.	Medical equipment and appliances such as wheelchairs, leg braces, etc. Medical supplies such as ostomy supplies, etc. Diapers and blue pads are not reimbursable as durable medical equipment items. EPSDT RECIPIENTS ARE EXCLUDED FROM THIS LIMITATION.	All services must be prescribed by a physician and must be Prior Authorized . DME providers will arrange for the Prior Authorization request.	Sylvia Green 225/342-7878 Stephanie Young 225/342-7878		
EarlySteps (Infant & Toddler Early Intervention Services)		Children ages birth to three who have a developmental delay of at least 1.5 SD (standard deviations) below the mean in two areas of development listed below: a. cognitive development b. physical development (vision & hearing) c communication development social or emotional development d. adaptive skills development (also known as self-help or daily living skills) 1. Children with a diagnosed medical condition with a high probability of resulting in developmental delay.	Covered Services (Medicaid Covered) -Family Support Coordination (Service Coordination) -Occupational Therapy -Physical Therapy -Speech/Language Therapy -Psychology -Audiology EarlySteps also provides the following services, not covered by Medicaid: -Nursing Services/Health Services (Only to enable an eligible child/family to benefit from the other EarlySteps services)Medical Services for diagnostic and evaluation purposes onlySpecial Instruction -Vision Services -Assistive Technology devices and services -Social Work -Counseling Services/Family Training -Transportation -Nutrition -Sign language and cued language services.	All services are provided through a plan of care called the Individualized Family Service Plan. Early Intervention is provided through EarlySteps in conformance with Part C of the Individuals with Disabilities Education Act. (IDEA).	Office for Citizens with Developmental Disabilities 1-866-783-5553 or 1-866-earlystep For families		

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EPSDT Behavioral Health Services		Medicaid eligible youth who meets the medical necessity criteria for behavioral health services as determined by a licensed mental health professional. Meets medical necessity criteria for rehabilitation services for children under the age of 21 restrictive level of care Addiction Services: Any Medicaid-eligible person needing medically necessary substance abuse services Outpatient & Inpatient Hospital and PRTF: Medicaid eligible Outpatient Therapy By Licensed Practitioners: Medicaid-eligible children who meet medical necessity criteria.	1. Psychosocial Rehabilitation 2. Crisis Intervention 3. Community Psychiatric Support & Treatment 4. Therapeutic Group Home 5. Addiction Services (outpatient and residential) 6. Outpatient & Inpatient Hospital 7. Psychiatric Residential Treatment Facility (PRTF) 8. Outpatient Therapy 9. Multi-systemic Therapy 10. Functional Family Therapy 11. Homebuilders Addiction Services Outpatient & Inpatient Hospital Psychiatric Residential Treatment Facility Outpatient & Inpatient Hospital Psychiatric Residential Treatment Facility Outpatient Therapy By Licensed Practitioners Other Licensed Practitioner Outpatient Therapy Medical, Physician/Psychiatrist Behavioral Health in FQHC	EPSDT Behavioral Health services are part of The Louisiana Behavioral Health Partnership (LBHP) managed by DHH-OBH (Office of Behavioral Health)	Magellan Health Services of Louisiana 1-800-424-4399 Visit online at www.MagellanofL ouisiana.com		

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EPSDT Dental Services	Dentist	Medicaid recipients 0 to 21 years of age. Presumptive Eligible (Type case 12) recipients are not eligible for dental care services.	Bi-annual dental screening consisting of an examination, radiographs (x-rays) as appropriate, prophylaxis (cleaning), topical fluoride application and oral hygiene instruction. The EPSDT Dental Program provides coverage of certain diagnostic; preventive; restorative; endodontic; periodontic; removable prosthodontic; maxillofacial prosthetic; oral and maxillofacial surgery; orthodontic; and adjunctive general services. Specific policy guidelines apply. Comprehensive Orthodontic Treatment (braces) require Prior Authorization and are paid only when there is a cranio-facial deformity, such as cleft palate, cleft lip, or other medical conditions which possibly results in a handicapping malocclusion. If such a condition exists, the recipient should see a Medicaid-enrolled orthodontist. Patients having only crowded or crooked teeth, spacing problems or under/overbite are not covered for braces, unless identified as medically necessary.	Some EPSDT Dental Program services must be Prior Authorized by Medicaid. The dental provider will submit the request for Prior Authorization of these services to Medicaid on behalf of the patient. A prior authorization approval does not guarantee patient eligibility	Cordelia Clay 225/342-7878		

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EPSDT Personal Care Services (See Long Term – Personal Care Services (LT-PCS) for Medicaid recipients ages 65 or older, or age 21 or older with disabilities)	Physician and Personal Care Attendant Agencies	All Medicaid recipients 0 to 21 not receiving Individual Family Support waiver services. However, once a recipient receiving Individual Family Support waiver services has exhausted those services they are then eligible for EPSDT Personal Care Services. Recipients of Children's Choice Waiver can receive both PCS and Family Support Services on the same day; however, the services may not be rendered at the same time.	Basic personal care-toileting & grooming activities. Assistance with bladder and/or bowel requirements or problems. Assistance with eating and food preparation. Performance of incidental household chores, only for the recipient. Accompanying, not transporting, recipient to medical appointments. Does NOT cover any medical tasks such as medication administration, tube feedings.	The Personal Care Agency must submit the Prior Authorization request. Recipients receiving Support Coordination (Case Management Services) must also have their PCS Prior Authorized by Molina. PCS is not subject to service limits. Units approved will be based on medical necessity and the need for covered services. Recipients receiving Personal Care Services must have a physician's prescription and meet medical criteria. Does not include medical tasks. Provided by licensed providers enrolled in Medicaid to provide Personal Care Attendant services.	Kellea Tuminello 225/342-7882			
Eyeglass Services - See Optical Services								
Family Planning Clinic Services	Planned Parenthood Locations Office of Public Health-Family Planning Clinics	Female Medicaid recipients between the ages of 10 and 60.	Doctor visits to assess the patient's physical status and contraceptive practices; nurse visits; physician counseling regarding sterilization; nutrition counseling; social services counseling regarding the medical/family planning needs of the patient; contraceptives; and certain lab services.	Medicaid will reimburse the family planning clinic for routine family planning services for family planning purposes only and not treatment of other medical conditions. Referrals should be made for other medical problems as indicated. Family Planning Clinics do not provide services to pregnant women.	Cordelia Clay 225/342-7878			

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Family Planning Waiver Services – See Waiver Services						
Family Planning Services in Physician's Office – See Physician/ Professional Services						
Federally Qualified Health Centers (FQHC)	Nearest FQHC	All Medicaid recipients.	Professional medical services furnished by physicians, nurse practitioners, physician assistants, nurse midwives, clinical social workers, clinical psychologists, and dentists. Immunizations are covered for recipients under age 21.	There are 3 components that may be provided: 1) Encounter visits; 2) EPSDT Screening Services; and 3) EPDST Dental, Adult Denture Services, and Expanded Dental services for Pregnant Women.	Kimberly Cezar 225/342-7878	
Hearing Aids - See Durable Medical Equipment	Durable Medical Equipment Provider	Medicaid recipients 0 through 20 years of age.	Hearing Aids and any related ancillary equipment such as earpieces, batteries, etc. Repairs are covered if the Hearing Aid was paid for by Medicaid.	All services must be Prior Authorized and the DME provider will arrange for the request of Prior Authorization .	Sylvia Green 225/342-7878 Stephanie Young 225/342-7878	
Hemodialysis Services - See Hospital-Outpatient Services	Dialysis Centers Hospitals	All Medicaid recipients.	Dialysis treatment (including routine laboratory services); medically necessary non-routine lab services; and medically necessary injections.		Christine Sullivan 225/342-7878	

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Home Health	Physician	All Medicaid recipients. Medically Needy (Type Case 20 & 21) recipients are not eligible for Aide Visits, Physical Therapy, Occupational Therapy, Speech/Language Therapy.	 Intermittent/part-time nursing services including skilled nurse visits. Aide Visits Physical Therapy Services Occupational Therapy Speech/Language Therapy 	Recipients receiving Home Health must have physician's prescription and signed plan of care. PT, OT, and Speech/Language Therapy require Prior Authorization .	Cheryl Allain 225/342-7878 Angela Hebert 225/342-7878		
Home Health - Extended	Physician	Medicaid recipients 0 through 20 years of age.	Multiple hours of skilled nurse services. All medically necessary medical tasks that are part of the plan of care can be administered in the home.	Recipients receiving extended nursing services must have a letter of medical necessity and physician's prescription. Extended Skilled nursing services require Prior Authorization .	Cheryl Allain 225/342-7878 Angela Hebert 225/342-7878		
Hospice Services	Hospice Provider/ Physician	All Medicaid recipients. Hospice eligibility information: 1-800-877-0666 Option 2	Medicare allowable services.		Deloris Young 225/342-1417		
Hospital Claim Questions - Inpatient and Outpatient Services, including Emergency Room Services	Physician/ Hospital	All Medicaid recipients. Medically Needy (Type Case 20 & 21) under age 22 are not eligible for Inpatient <i>Psychiatric</i> Services.	Inpatient and Outpatient Hospital Services, including Emergency Room Services	All Questions Regarding Denied Claims and/or Bills for Inpatient and Outpatient Hospital Services, including Emergency Room Services	Recipients should first contact the provider, then may contact an MMIS Staff Member at 225/342-3855 if the issue cannot be resolved Providers should contact Provider Relations at 1-800-473-2783		

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Hospital - Inpatient Services	Physician/ Hospital	All Medicaid recipients. Medically Needy (Type Case 20 & 21) under age 22 are not eligible for Inpatient <i>Psychiatric</i> Services.	Inpatient hospital care needed for the treatment of an illness or injury which can only be provided safely & adequately in a hospital setting. Includes those basic services that a hospital is expected to provide.	Inpatient hospitalization requires Precertification and Length of Stay assignment. Hospitals are aware of this and will submit the request to the Prior Certification Unit.	Annette Passman 225/342-7878		
Hospital - Outpatient Services	Physician/ Hospital	All Medicaid recipients.	Diagnostic & therapeutic outpatient services, including outpatient surgery and rehabilitation services. Therapeutic and diagnostic radiology services. Chemotherapy Hemodialysis	Outpatient rehabilitation services require Prior Authorization . Provider will submit request for Prior Authorization .	Gaynell Denova 225/342-7878		
Hospital - Emergency Room Services	Physician/ Hospital	All Medicaid recipients.	Emergency Room services.	Recipients 0 to 21 years - No service limits. Recipients 21 and older - Limited to 3 emergency room visits per calendar year (January 1 - December 31).	Gaynell Denova 225/342-7878		
Immunizations See FQHC; EPSDT Screening Services; Physician/Professional Services; Rural Health Clinics							

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Child Health Screenings/Checkups) (EPSDT Screening Services)	Physician	All Medicaid recipients 0 through 20 years of age.	Medical Screenings (including immunizations and certain lab services). Vision Screenings Hearing Screenings Dental Screenings Periodic and Interperiodic Screenings	Recipients receive their screening services from the primary care provider (PCP) or someone designated by the PCP.	Kimberly Cezar 225/342-7878 Specialty Care Resource Line (877) 455-9955		
Laboratory Tests and Radiology Services	Physician	All Medicaid recipients.	Most diagnostic testing and radiological services ordered by the attending or consulting physician. Portable (mobile) x-rays are covered only for recipients who are unable to leave their place of residence without special transportation or assistance to obtain physician ordered x-rays.	Some Radiology Services require prior approval. This process is accomplished thru a contractual agreement with MedSolutions. All requests for any radiology services requiring prior approval are initiated by the ordering physician. Recipients may follow up with the ordering physician for the status of any ordered radiology service.	Annette Passman 225/342-7878		

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Long Term -Personal Care Services (LT-PCS) (See EPSDT Personal Care Services for Medicaid recipients ages 0 to 21)		All Medicaid recipients age 65 or older, or age 21 or older with disabilities (meets Social Security Administration disability criteria), meet the medical standards for admission to a nursing facility and additional targeting criteria, and be able to participate in his/her care and direct the services provided by the worker independently or through a responsible representative. Applicant must require at least limited assistance with at least one Activity of Daily Living.	-Basic personal care-toileting & grooming activitiesAssistance with bladder and/or bowel requirements or problemsAssistance with eating and food preparationPerformance of incidental household chores, only for the recipientAccompanying, not transporting, recipient to medical appointmentsGrocery shopping, including personal hygiene items.	Recipients or the responsible representative must request the service. This program is NOT a substitute for existing family and/or community supports, but is designed to supplement available supports to maintain the recipient in the community. Once approved for services, the selected PCS Agency must obtain Prior Authorization. Amount of services approved will be based on assessment of assistance needed to perform daily living. Provided by PCS agencies enrolled in Medicaid.	Office of Aging and Adult Services (OAAS) Contact: Louisiana Options in Long Term Care (XEROX) 1-877-456-1146		
Medical Transportation (Emergency)	Emergency ambulance providers	All Medicaid recipients.	Emergency ambulance service may be reimbursed if circumstances exist that make the use of any conveyance other than an ambulance medically inadvisable for transport of the patient.		Ronald W. Johnson 225/342-2604 Steffan Rutledge 225/342-6227		

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Medical Transportation (Non-Emergency)	Regional Dispatch Offices Dispatch Office Phone Numbers: Alexandria 800-446-3490 Baton Rouge 800-259-1944 Lafayette/ Lake Charles 800-864-6034 Monroe 800-259-1835 New Orleans 800-836-9587 Shreveport 800-259-7235	All Medicaid recipients except some who have Medicaid and Medicare.	Transportation to and from medical appointments. The medical provider the recipient is being transported to, does not have to be a Medicaid enrolled provider but the services must be Medicaid covered services. The dispatch office will make this determination. Recipients under 17 years old must be accompanied by an attendant.	Recipients should call dispatch offices 48 hours before the appointment. Transportation to out-of-state appointments can be arranged but requires Prior Authorization. Same day transportation can be scheduled when absolutely necessary.	Ronald W. Johnson 225/342-2604 Steffan Rutledge 225/342-6227			
(Certified Nurse Midwife) - See FQHC; Physician/ Professional Services; Rural Health Clinics								

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Nurse Practitioners/ Clinical Nurse Specialists - See FQHC; Physician/ Professional Services; Rural Health Clinics Nursing Facility		Medicaid recipients and persons who would meet Medicaid Long Term Care financial eligibility requirements and who meet nursing facility level of care as determined by OAAS	Skilled Nursing or medical care and related services; rehabilitation needed due to injury, disability, or illness; health-related care and services (above the level of room and board) not available in the		Office of Aging and Adult Services (OAAS) Contact: Louisiana Options			
Occupational Therapy Services See EarlySteps; Home Health; Hospital- Outpatient Services; Rehabilitation Clinic Services; Therapy Services		determined by OAAS.	and board) not available in the community, needed regularly due to a mental or physical; condition.		Louisiana Options in Long Term Care (XEROX) 1-877-456-1146			

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Optical Services	Optometrist, Ophthalmologist or Optical Supplier	All Medicaid recipients.	Recipients 0 to 21 Examinations and treatment of eye conditions, including examinations for vision correction, refraction error. Regular eyeglasses when they meet a certain minimum strength requirement. Medically necessary specialty eyewear and contact lenses with prior authorization. Contact lenses are covered if they are the only means for restoring vision. Other related services, if medically necessary. Recipients 21 and over Examinations and treatment of eye conditions, such as infections, cataracts, etc. If the recipient has both Medicare and Medicaid, some vision related services may be covered. The recipient should contact Medicare for more information since Medicare would be the primary payer.	Recipients 0 to 21 Specialty eyewear and contact lenses, if medically necessary for EPSDT eligibles requires Prior Authorization. The provider will submit requests for the Prior Authorization. A prior authorization approval does not guarantee patient eligibility. Prescriptions are required for all glasses/contacts. After a prescription is obtained, the recipient may see an optical supplier to receive the glasses/contacts. Recipients 21 and over NON-COVERED SERVICES: - routine eye examinations for vision correction routine eye examinations for refraction error - eyeglasses	Sylvia Green 225/342-7878 Stephanie Young 225/342-7878 (Optical services other than eyeglasses/ eyewear)			
Orthodontic Services - See Dental Care Services								

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Pediatric Day Health Care (PDHC)	Physician or PDHC Agencies	Medicaid recipient 0 to 21 who have a medically fragile condition and who require nursing supervision and possibly therapeutic interventions all or part of the day due to a medically complex condition.	Nursing care, Respiratory care, Physical Therapy, Speech-language therapy, occupational, personal care services and transportation to and from PDHC facility	The PDHC facility must submit the Prior Authorization request. In order to receive PDHC, the recipient must have a prescription from their prescribing physician and meet the medical criteria. PDHC may be provided up to seven days per week and up to 12 hours per day for Medicaid recipients as documented by the recipient's Plan of Care. Services are provided by licensed providers enrolled in Medicaid to provide PDHC services. The following services are not coveredbefore and after school care; medical equipment, supplies and appliances; parenteral or enteral nutrition; infant food or formula. Prescribed medications are to be provided each day by recipient's parent/guardian.	Cheryl Allain 225/342-7878 Angela Hebert 225/342-7878				

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Program of All- Inclusive Care for the Elderly (PACE)*		Participants are persons age 55 years or older, live in the PACE provider service area, are certified to meet nursing facility level of care and financially eligible for	ALL Medicaid and Medicare services, both acute and long-term care	Emphasis is on enabling participants to remain in community and enhance quality of life. Interdisciplinary team performs	Office of Aging and Adult Services (OAAS)		
*Program available in New Orleans and in Baton Rouge area.		Medicaid long term care. Participation is voluntary and enrollees may disenroll at any time.		assessment and develops individualized plan of care. - Each PACE program serves a specific	PACE GNO at (504)945-1531		
			geographic region. - PACE programs bear financial risk for all medical support services required for enrollees.	Franciscan PACE Baton Rouge: (225)490-0640			
				PACE programs receive a monthly capitated payment for Medicaid and Medicare eligible enrollees.			

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Pharmacy Services	Pharmacies	All Medicaid recipients except some who are Medicare/Medicaid eligible. Recipients who are full benefit dual eligible (Medicare/Medicaid) received their pharmacy benefits through Medicare Part D.	Covers prescription drugs except: Cosmetic drugs (Except Accutane); Cough & cold preparations; Anorexics (Except for Xenical); Fertility drugs when used for fertility treatment; Experimental drugs; Compounded prescriptions; Vaccines covered in other programs; Drug Efficacy Study Implementation (DESI) drugs; Over the counter (OTC) drugs with some exceptions; Narcotics prescribed only for narcotic addiction	Co-payments (\$0.50-\$3.00) are required except for some recipient categories. NO co-payments for recipients under age 21, pregnant women, or those in Long Term Care. Prescription limits: 4 per month (The physician can override this limit when medically necessary.) Limits do not apply to recipients under age 21, pregnant women, or those in Long Term Care. Prior Authorization is required for some drug categories if the medication is not on the Preferred Drug List (PDL). Children are not exempt from this process. The PDL can be accessed at www.lamedicaid.com.	Melwyn Wendt 225/342-7878 For general pharmacy questions: 1-800-437-9101			
Physical Therapy - See EarlySteps; Home Health; Hospital- Outpatient Services; Rehabilitation Clinic Services; Therapy Services								
Physician Assistants - See FQHC; Physician/ Professional Services; Rural Health Clinics								

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Physician/ Professional Services	Physician or Healthcare Professional	All Medicaid recipients.	Professional medical services including those of a physician, nurse midwife, nurse practitioner, clinical nurse specialists, physician assistant, audiologist. Immunizations are covered for recipients under age 21. Certain family planning services when provided in a physician's office.	Some services require Prior Authorization. Providers will submit requests for Prior Authorization. Services are subject to limitations and exclusions. Your physician or healthcare professional can help you with this. Recipients 21 and over are limited to 12 outpatient visits per calendar year unless an extension is granted. Your physician or healthcare professional must request an extension if deemed necessary. Recipients under 21 are not limited to the number of outpatient visits.	Angela Hebert 225/342-7878 Cheryl Allain 225/342-7878		
Podiatry Services	Podiatrist	All Medicaid recipients.	Office visits. Certain radiology & lab procedures and other diagnostic procedures.	Some Prior Authorization , exclusions, and restrictions apply. Providers will submit request for Prior Authorization .	Angela Hebert 225/342-7878		
Pre-Natal Care Services Psychiatric Hospital Care Services - See Hospital-Inpatient Services	Physicians or Healthcare Professional	Female Medicaid recipients of child bearing age.	Office visits. Other pre- & post-natal care and delivery. Lab and radiology services.	Some limitations apply.	Cordelia Clay 225/342-7878		
Rehabilitation Clinic Services	Physician	All Medicaid recipients	Occupational Therapy Physical Therapy Speech, Language and Hearing Therapy	All services must be Prior Authorized . The provider of services will submit the request for Prior Authorization .	Cheryl Allain 225/342-7878 Angela Hebert 225/342-7878		

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Rural Health Clinics	Rural Health Clinic	All Medicaid recipients	Professional medical services furnished by physicians, nurse practitioners, physician assistants, nurse midwives, clinical social workers, clinical psychologists, and dentists. Immunizations are covered for recipients under age 21.	There are 3 components that may be provided: 1) Encounter visits; 2) KIDMED Screening Services; and 3) EPDST Dental, Adult Denture Services, and Expanded Dental services for Pregnant Women.	Kimberly Cezar 225/342-7878			
Sexually Transmitted Disease Clinics (STD)	Local Health Unit	All Medicaid recipients.	Testing, counseling, and treatment of all sexually transmitted diseases (STD). Confidential HIV testing.		Stephanie Young 225/342-7878			
Speech and Language Evaluation and Therapy – See EarlySteps; Home Health; Hospital- Outpatient Services; Rehabilitation Clinic Services; Therapy Services								

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Support Coordination Services (Case Management) - Children's Choice Waiver		Medicaid recipients must be in the Children's Choice Waiver. There is a Request for Services Registry (RFSR) for those requesting waiver services. To get on the Request for Services Registry, call the Office for Citizens with Developmental Disabilities District/Authority/Local Regional Office contact information is located at: http://new.dhh.louisiana.gov/index.cfm/page/134/n/137	Coordination of Medicaid and other services. The Support Coordinator (Case Manager) helps to identify needs, access services and coordinate care. Services available through the Waiver are identified in the waiver section of this document.	Services must be prior authorized by DHH, Office for Citizens with Developmental Disabilities, Waiver Supports and Services. The support coordinator will submit requests for the Prior Authorization .	Office for Citizens with Developmental Disabilities, Waiver Supports and Services 1-866-783-5553			
Support Coordination Services (Case Management) - Community Choices Waiver		Medicaid recipients must be in the Community Choices Waiver (CCW). There is a Request for Services Registry (RFSR) for those requesting CCW Waiver services. Contact Louisiana Options in Long Term Care at 1-877-456-1146.	Coordination of Medicaid and other services. The Support Coordinator (Case Manager) helps to identify needs, access services and coordinate care.	Services must be prior authorized by DHH, <i>Office of Aging and Adult Services</i> (<i>OAAS</i>). The provider will submit requests for the Prior Authorization .	Office of Aging and Adult Services (OAAS) 1-866-758-5035 Applicants/ Participants call 1-866-758-5035 or 225-219-0643			

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Support Coordination Services (Case Management) - EPSDT Targeted Populations		Must be Medicaid eligible and on the DD Request for Services Registry prior to receipt of case management services; or any Medicaid recipient 3 through 20 years of age for whom support coordination is medically necessary (Call SRI at 1-800-364-7828). To get on the Request for Services Registry, call the Office for Citizens with Developmental Disabilities District/Authority/Local Regional Office	Coordination of Medicaid and other services. The Support Coordinator (Case Manager) helps to identify needs, access services and coordinate care.	Support Coordination Services must be prior authorized by DHH, BHSF, and Waiver Compliance Section. The Support Coordination Agency will submit requests for the Prior Authorization to SRI. For other EPSDT services, see that portion of the chart.	SRI 1-800-364-7828 Must be on the DD Request for Services Registry		
Support Coordination Services (Case Management) - Infants and Toddlers		Medicaid recipients must be 0 to 3 years of age and have a developmental delay or an established medical condition and eligible for the EarlySteps system contact information is located at: http://new.dhh.louisiana.gov/index.cfm/page/134/n/137	Coordination of Medicaid and other services. The Support Coordinator (Case Manager) helps to identify needs, access services and coordinate care in EarlySteps.	Services must be authorized by EarlySteps. Authorizations are approved through the Individualized Family Service Plan (IFSP) process.	Office for Citizens with Developmental Disabilities (OCDD) 1-866-783-5553		

MEDICAID S	MEDICAID SERVICES							
SERVICE	HOW TO ACCESS SERVICES	ELIGIBILITY	COVERED SERVICES	COMMENTS	CONTACT PERSON			
Support Coordination Services (Case Management) - New Opportunities Waiver (NOW)		Medicaid recipients must be receiving the NOW. There is a Request for Services Registry (RFSR) for those requesting waiver services. To get on the Request for Services Registry, call the Office for Citizens with Developmental Disabilities District/Authority/Local Regional Office contact information is located at: http://new.dhh.louisiana.gov/index.cfm/page/134/n/137	Coordination of Medicaid and other services. The Support Coordinator (Case Manager) helps to identify needs, access services and coordinate care. Services available through the Waiver are identified in the waiver section of this document.	Services must be prior authorized by DHH, Office for Citizens with Developmental Disabilities, Waiver Supports and Services. The support coordinator will submit requests for the Prior Authorization .	Office for Citizens with Developmental Disabilities, Waiver Supports and Services 1-866-783-5553 Complaints Line: 1-800-660-0488			
Support Coordination Services (Case Management) – Residential Options Waiver		Medicaid recipients must be in the Residential Options Waiver. To access the Residential Options Waiver contact the Office for Citizens with Developmental Disabilities District/Authority Local Regional Office or the Office for Citizens with Developmental Disabilities Central Office Residential Options Program Manager. Contact information is located at: http://new.dhh.louisiana.gov/index.cfm/page/134/n/137	Coordination of Medicaid and other services. The Support Coordinator (Case Manager) helps to identify needs, access services and coordinate care. Services available through the Waiver are identified in the waiver section of this document.	Services must be prior authorized by DHH, Office for Citizens with Developmental Disabilities, Waiver Supports and Services. The support coordinator will submit requests for the Prior Authorization .	Office for Citizens with Developmental Disabilities, Waiver Supports and Services 1-866-783-5553			

MEDICAID S	MEDICAID SERVICES							
SERVICE	HOW TO ACCESS SERVICES	ELIGIBILITY	COVERED SERVICES	COMMENTS	CONTACT PERSON			
Support Coordination Services (Case Management) – Supports Waiver		Medicaid recipients must be in the Supports Waiver. There is a Request for Services Registry (RFSR) for those requesting this waiver. To get on the Request for Services Registry, call the Office for Citizens with Developmental Disabilities District/Authority/Local Regional Office contact information is located at: http://new.dhh.louisiana.gov/index.cfm/page/134/n/137	Coordination of Medicaid and other services. The Support Coordination (Case Manager) helps to identify needs, access services and coordinate care. Some services available through this waiver are identified in the waiver section	Services must be prior authorized by DHH, Office for Citizens with Developmental Disabilities, Waiver Supports and Services. The support coordinator will submit requests for the Prior Authorization .	Office for Citizens with Developmental Disabilities, Waiver Supports and Services 1-866-783-5553 Complaints Line: 1-800-660-0488			
Therapy Services	Recipients have the choice of services from the following provider types: Home Health; Hospital-Outpatient Services; Rehabilitation Clinic Services	Medicaid recipients birth through 20 years of age.	Audiological Services (Available in Rehabilitation Clinic and Hospital-Outpatient settings only.) Occupational Therapy Physical Therapy Speech & Language Therapy	Covered services can be provided in the home through Home Health and Rehabilitation Clinics. Services provided by Rehabilitation Clinics can also be provided at the clinic. Services provided through Hospital-Outpatient Services must be provided at the facility/clinic. Covered services may be provided in addition to services provided by EarlySteps/EICs or School Boards if prescribed by a physician and Prior Authorized. All medically necessary services must be prescribed by a physician and Prior Authorization is required. The provider of services will submit requests for Prior Authorization.	Cheryl Allain 225/342-7878 Angela Hebert 225/342-6908 NOTE: For details on services provided in Home Health, Rehabilitation Clinic, or Hospital- Outpatient settings, please refer to those sections of this Medicaid Services Chart.			

MEDICAID SERVICES					
SERVICE	HOW TO ACCESS SERVICES	ELIGIBILITY	COVERED SERVICES	COMMENTS	CONTACT PERSON
Therapy Services continued	EPSDT Health Services-Early Intervention Centers (EIC) or EarlySteps Program	Medicaid recipients under 3 years of age.	 Audiological Services Occupational Therapy Physical Therapy Speech & Language Therapy Psychological Therapy 	All EPSDT Health Services through EICs and EarlySteps must be included in the infant/toddler's Individualized Family Services Plan (IFSP). If services are provided by an EIC or EarlySteps, Prior Authorization requirements are met through inclusion of services on the IFSP.	Cheryl Allain 225/342-7878 Angela Hebert 225/342-7878
Therapy Services continued	EPSDT Health Services- Local Education Agencies (LEA) e.g. School Boards	Medicaid recipients 3 through 20 years of age.	 Audiological Evaluation and Therapy Occupational Therapy Evaluation and Treatment services Physical Therapy Evaluation and Treatment services Speech & Language Evaluation and Therapy Psychological Evaluation including a battery of tests, interviews, and behavioral evaluations that appraise cognitive, emotional, social, and behavioral functioning and self-concept. Psychological Therapy includes diagnosis and psychological counseling for children and their parents. 	Services are performed by the Local Education Agencies (LEA) All EPSDT Health Services must be included in the child's Individualized Education Program (IEP). If services are provided by a, LEA Prior Authorization requirements are met through inclusion of services on the IEP.	Anissa Young 225/342-2173
Transportation See Medical Transportation			1		
Tuberculosis Clinics	Local Health Unit	All Medicaid recipients	Treatment and disease management services including physician visits, medications and x-rays.		Stephanie Young 225/342-7878

MEDICAID SERVICES					
SERVICE	HOW TO ACCESS SERVICES	ELIGIBILITY	COVERED SERVICES	COMMENTS	CONTACT PERSON
X-Ray Services - See Laboratory Tests and X-Ray Services		There is a Request for Services			
WAIVER SERVICES:		Registry (RFSR) for those requesting any of the waiver services below.			See Specific Waiver
Adult Day Health Care (ADHC)		Individuals 65 years of age or older, who meet Medicaid financial eligibility, imminent risk criteria and meet the criteria for admission to a nursing facility; or age 22-64 who are disabled according to Medicaid standards or SSI disability criteria, meet Medicaid financial eligibility and meet the criteria for admission to a nursing facility	 Adult Day Health Care services Transition Services Support Coordination Transition Intensive Support Coordination 	This is a home and community - based alternative to nursing facility placement.	Office of Aging and Adult Services (OAAS) Louisiana Options in Long Term Care 1-877-456-1146 Applicants/ Participants call 1-866-758-5035 or 225-219-0643

MEDICAID SERVICES					
SERVICE	HOW TO ACCESS SERVICES	ELIGIBILITY	COVERED SERVICES	COMMENTS	CONTACT PERSON
Children's Choice		Child must be on the DD Request for Services Registry, less than 19 years old, disabled according to SSI criteria, require ICF/DD level of care, have income less than 3 times SSI amount, resources less than \$2,000 and meet all Medicaid non-financial requirements.	- Center Based Respite -Environmental Accessibility Adaptation -Family Training -Family Support -Crisis Support -Non-Crisis Support -Support Coordination	There is a \$16,410 limit per individual plan year. (\$1500 for Case Management balance for other services). * Call the Office for Citizens with Developmental Disabilities Districts/Authorities/Local Regional Offices for status on the Request for Services Registry. (See Appendix for telephone numbers) * Complaints Line: 1-800-660-0488	Office for Citizens with Developmental Disabilities Districts/ Authorities/Local Regional Offices (SYSTEM ENTRY) contact information is located at: http://new.dhh.louisiana.gov/index.cfm/page/134/n/137 T. Denise Boyd 225/342-9261 or 225/342-0095
Community Choices Waiver (CCW)		Individuals 65 years of age or older, who meet Medicaid financial eligibility and meet the criteria for admission to a nursing facility; or age 21-64 who are disabled according to Medicaid standards or SSI disability criteria, meet Medicaid financial eligibility, and meet the criteria for admission to a nursing facility	- Support Coordination - Environmental Accessibility Adaptation - Transition Intensive Support Coordination - Transition Service - Personal Assistance Services - Adult Day health Care Services - Assistive Devices and Medical - Supplies - Skilled Maintenance Therapy Services - Nursing Services - Home Delivered Meal Services - Caregiver Temporary Support Services	This is a home and community-based alternative to nursing facility placement.	Office of Aging and Adult Services (OAAS) Contact: Louisiana Options in Long Term Care 1-877-456-1146 Applicants/ Participants call 1-866-758-5035 or 225-219-0643

MEDICAID SERVICES					
SERVICE	HOW TO ACCESS SERVICES	ELIGIBILITY	COVERED SERVICES	COMMENTS	CONTACT PERSON
Family Planning Waiver- TAKE CHARGE	Any Medicaid provider who offers family planning services. For assistance with locating a provider call 1-877-455-9955	Women ages 19-44 who are Louisiana residents, with an income below 200% of the Federal Poverty level, without health insurance that offers family planning services.	Covered services include a yearly physical exam, pap smear, laboratory tests, contraceptive counseling, medications, and supplies (such as birth control pills, patches, injections, IUDs and diaphragms), and voluntary sterilization.	This is a wavier program with benefits being limited to family planning services. There are no enrollment fees, no premiums, co-payments or deductibles. Mammograms and Hysterectomies are not a covered service. American Indian "638" Clinics, RHCs and FQHCs are reimbursed at fee-for-service rates.	Tara DiSandro 225/342-9201
New Opportunities Waiver (NOW)		Individuals three(3) years of age or older, who have a developmental disability which manifested prior to the age of 22, and who meet both SSI Disability criteria and the level of care determination for an ICF/DD.	An array of services to provide support to maintain persons in the community: Individual Family Support, Day and Night; Shared Supports; Center Based Respite Care; Community Integration Development; Environmental Accessibility Adaptations, Specialized Medical Equipment and Supplies; Substitute Family Care Services; Supported Living; Day Habilitation; Supported Employment; Employment-Related Training; Professional Services; One Time Transitional Expense; Skilled Nursing; and Personal Emergency Response System.	*Call the Office for Citizens with Developmental Disabilities Districts/Authorities/Local Regional Offices for status on the Request for Services Registry. (See Appendix for telephone numbers) Complaints Line: 1-800-660-0488	Office for Citizens with Developmental Disabilities Districts/Authoritie s/Local Regional Offices SYSTEM ENTRY contact information is located at: http://new.dhh.louisiana.gov/index.cfm/page/134/n/137 Anita Lewis 225/342-4464 or 225/342-0095

MEDICAID SERVICES					
SERVICE	HOW TO ACCESS SERVICES	ELIGIBILITY	COVERED SERVICES	COMMENTS	CONTACT PERSON
Residential Options Waiver (ROW)		Individuals, birth to end of life, who have a developmental disability which manifested prior to the age of 22. (Must meet the Louisiana definition of DD).	Covered services include: Support Coordination, Community Living Supports, Host Home Services, Companion Care Services, Shared Living, Respite Care-Out of Home, Personal Emergency Response System, One Time Transition Services, Environmental Accessibility Adaptations, Assistive Technology/Specialized Medical Equipment and Supplies, Transportation-Community Access, Professional Services, Nursing Services, Dental Services, Supported Employment, Prevocational Services, and Day Habilitation.	Complaints Line: 1-800-660-0488	Office for Citizens with Developmental Disabilities Districts/Authorities/Local Regional offices. System Entry contact information is located at: http://new.dhh.louisiana.gov/index.cfm/page/134/n/137 Jeannathan H. Anderson 225/342-0095 Jeannathan.Anderson 2@la.gov
Supports Waiver		Individuals age 18 and older who have been diagnosed with a Developmental Disability which manifested prior to age 22. (Must meet the Louisiana definition of DD).	Covered services include: Support Coordination, Supported Employment, Day Habilitation, Pre- Vocational, Habilitation, Respite, and Personal Emergency Response System	Complaints Line: 1-800-660-0488	Office for Citizens with Developmental Disabilities Districts/Authorities/Local Regional Offices System Entry contact information is located at: http://new.dhh.louisiana.gov/index.cfm/page/134/n/137 Rosemary Morales 225/342-8901

* Exclusion from this list does not necessarily mean that a service is not covered. Please call one of the appropriate contacts for questions regarding coverage of services not listed on this chart.